Health Reculation Administration BY OF DEVICENCES (A1) PROVIDENBUPFLERICUA SORTFICATION MARKET (C) MULTIPLE COMBRIGATION PULL DATE SHIPMEY AND PLANOF CONSECTION COMPLETED A MALDOIG A WING. CPA-0000 00/11/2011 MARK OF PROMOTE OR SUPPLIES LOTY, STATE 27 CODE 1003 MONTANA AVENUE NE MARKINGTON, DG 2002 PROGRESSIVE LIFE CENTER, INC. SUMMARY STATEMENT OF DEPOSITIONS
ACH DESCRIBED MADE THE PRECEDED BY PLLL
SULATORY OR LISC IDENTIFYED BY DESCRIBATION PROVIDENTS PLAN OF CORRESTION ACH CONNECTIME ACTION SHOULD SELECT THE ACTION SHOULD SELECT THE APPROPRIATE COMPLETE DEFICIENCY 8 000 Initial Comments \$ 000 : An annual inspection was conducted from Merch 10, 2011 through Merch 11, 2011. The survey findings were based on record review and st interviews. The sample sizes were abdeen (16) personnel records based on a canque of abdeen (16), five (5) foster parent records based on a careaus of five (5), seven (7) foster child records besed on a censue of seven (7), and three (3) new board member records based on a census of sleven board members. The agency was not found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing; and deficiencies were cited. 8 011 1602.5 BOARD OF DIRECTORS 8 011 ED Frank Tag: 3011 1602.5 Board of Diss Connective Action: By April 1,2011 does report for lotters of subreace and/or criminal investigation separts from prospeints local or fideral low authoromout agencies. The decuments Members of the floard shall be of good character as determined by letters of reference and criminal background investigations. ill be filed in some as they are received. men to Manuer Deficient Practice Dear Not Recur: PLC will This CONDITION is not met as evidenced by: n in anderes its policy mendating that all beard and stall other manual compliance requirements or be subject to a Besed on record review and interview, the Child-Placing agency falled to ensure members of the board were of good character as which pures Supp a warning to dismission. Hear Competive Action Memitered: Progra determined by letters of reference and criminal background investigation for three (3) of eleven (11) board members. (Board Members #1, #2, nes and Quality Ingervenuer Staff will continue to co ady sevience of all MR. Mos to ensure best practice appear al, and to provide a commissur, independent sevaluable; to and #3) Completion Date: April 1, 2011 The findings include: During a record review and interview on Merch 10, 2011, at approximately 11:00 a.m., it was revealed that board sumbers \$1, 42, and \$3, had no evidence that Federal Bureau of investigation criminal background inves : had been performed. **Familian Adaminian** Rodney to KNOTh **ABORATORY DIRECTOR'S OR PROVIDE**

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Health Reculation Administration STATIMENT OF DEPCHACES AND PLAN OF CONVECTION (A1) PROVIDENCUPPLENCUA IDENTIFICATION NUMBER: SCH DATE BURVEY ASS MELTIPLE COMPRISED TO A DUBLOSHIE E. WOLD **CPA-8008** 03/11/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 27 CODE 1833 MONTANA AMENUE NE WASHINGTON, DC 28082 PROGRESOIVE LIFE CENTER, INC BUNDARY STATEMENT OF DEFICIENCES ACH CEPICIDACY MUST BE PRINCEDED BY PLAL BULAYORY OR LIC IDENTIFYING INFORMATION PROVIDERS PLAN OF CONSECTION SACH CORRECTIVE ACTION SHOULD BE Ð E APPROPRIATE DETCH THE SA 8 011 Continued From page 1 8011 An interview with the Human Resources Specialist (HRS) on March 10, 2011, at approximately 3:15 p.m. confirmed the findings. 8 100 1611,1(h) Personnel Records \$ 100 ED Profix Tag: \$100 1611.1(b) Connective Action: The ini-service training did soons and f will be placed in the compleyer file by Morth 31, 2011.

Measures to Researc Defining Proving Does Not Resear: PLC will , (h) Documentation of participation in in-service training: continue to enflues in policy mandating that all board and staff affere to our contract compliance requirements or he miljest to complete which This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of sideen (16) mage from a verning to die How Councilve Action Monitored: Programtive Life Conf employee's had proof that they had perticipated in causes and Quality Emprovement stuffwill estation to estad marky serious of all MD. Mos to assume best parades up in-cervice training. (Employee #8) utilized, and to provide a consistent, independent ment The finding includes: Completies Date: Merch 28, 2005 Review of personnel records on Merch 10, 2011, at approximately 11:40 a.m., revealed the agency failed to ensure that employee \$6 had proof that they had perficipated in in-service training. ED Profes Trag: \$481 1640.3(c) Committee Action: All Foster Person files will be environed to some An interview with the Human Resources cont, and character are in complicate and up to date by i Specialist on Merch 10, 2011, at approximately Any constanting information will be buruphs into complicate by 41/11. Future Process will not be reimberted beyond 41/11 glorally influenties. 3:15 p.m. confirmed the findings. not be exhaulted to the PLC RTL (Resentment Training and Liounday) 8 40t 8 481 1640.3(c) Notification Regarding Application Specialist paics to 4/1/11 Measures to Remov Deficient Practice Dear Not Restr.: The Connective Action Plan will be facilitated by the PLC Respirators, Thinley, and Licensing staff. The MA Program Director will variety engagesters of the plan on 4/1/11, and minute originate of compliance to the D.C. (c) Updated medical reports on all members of the household; This CONDITION is not met as evidenced by: pien es 4/1/11. Based on record review and interview, the Child-Placing Agency (CPA) felled to ensure that one (1) of the five (5) fester parent records reviewed had a current medical report in the Countiers Diseaser on 4/1/11. How Conneilve Action Manitonal: Effective immediately, all Foster parent files will be serieved mentily to seaso complete The NIA Program Director must sign admostingument of the file serious smilt shoot that will be located in each file to asimpulation file record. (Foster Parent #6) compliance. Non-compliant files must be barught into a seven business days in order for flater parent relation applicated. Completion Date: \$\forall I/11 Taxisten Administrator

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STATEMENT OF COPPLEMENTS AND PLAN OF COPPLECTION		GRI) PROMISEMBUFFLERICUA ISBN789CANCOI NAMEDIC CPA-0000		(CQ MULTIPLE CONSTRUCTION A. BUILDING B. WING		COMPLETED COMPLETED COMPLETED	
MANE OF PROMOBER OR SUPPLIER STREET AC				CHESS, CITY, STATE, SIP CODE			
				NTANA AMBIGUE NE BTON, DC 2002			
AND THE TAG	SULDARY STATEMENT OF DETICIENCES (RACH DETICIENCY MUST BE PRECEDED BY PULL REGULATION OR LISC ELEMEPY BIG MECHINATION)			ID PREPEK TAB	PROVIDERS PLAN OF CONTROL (EACH CONTROTTIVE ACTION SHO CADSS-REFERENCED TO THE APPL (SEPTOMENCY)	MI SHOULD BE COMPLETE EAPPROPRIATE DATE	
8 48 1	The finding includes: Review of foster parent #5's record on March 11, 2011, at approximately 2:00 p.m., revealed there was no evidence of a current medical report on file. During a face to face interview with the Recruitment Training Licensing Specialet (RTLS) on Merch 11, 2011, at approximately 2:30 p.m., it was confirmed that foster parent #5 did not have a current medical report on file. 510 1643.3(b) Supervision Of Children in Foster Homes (b) Obtain age appropriate health supervision for child(ren) in care to include at least annual medical and dental examinations. This supervision shall include emergency and routher medical care and correction of remedial medical problems of each child. This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Pincing agency felled provide annual dental, and medical examinations for four (4) out of seven (7) foster children. (Foster Children #1		March 11, led there port on et (RTLS) 10 p.m., it not have ster redical ed by: no and ar (4) out	\$ 481 \$ 510	ID Profix Tog. 2510 1643.3(b) Contestive Action: All youth and shift files medical, dental, and vision ensure are come Any entertailing information will be brough Any entertailing sandied, dental, or vision: 4 1/11. All PLC social work streamer files countries the man Deficient Practice Dear The connective artist plan will be facilitate Workers and mentioned by the MIA Clinion and file and seeleting the seeled workers at compliance. The D.C. MIA Program Diseases been beength into compliance by seelering reporting each to the D.C. Opensians Direct Row Communities Action Members 25 the deliberation Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the deliberation of the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians Direct Row Communities Action Members 25 the D.C. Opensians 25 the D.C	will be seviened at and up to de at lette complies of will be held a lette and the held a lette any best lette	is to manuscalling by 4/1/11. In by 4/1/11 by the second b
•	The finding includes Review of the foets children #1, #3, #4, #7's files on Merch of 10:30 a.m. and 12 evidence of current in their records.	r case records for for and 11, 2011 between the 2:00 p.m., revealed n	hours		yearli film will be reviewed meetby to one The MIA Program Diseaser must sign ache scalls shoot that will be bented in each file compliance. Non-compliant files must be brought into days and discussed and seviewed with stall Completion Date: 4/1/11	rriedgament e te admeriledgi semplimes wit	the file syriew file in 7 business
	An interview with the	Director Of Operati	ons and			,	

PRINTED: 03/15/2011 FORM APPROVED

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING **CPA-0060** 03/11/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1933 MONTANA AVENUE NE PROGRESSIVE LIFE CENTER, INC. WASHINGTON, DC 20002 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) **PREFIX** TAG TAG DATE S 510 Continued From page 3 S 510 the Case Manager on March 11, 2011, at approximately 3:30 p.m. confirmed the findings Health Regulation Administration